STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINE TH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Whore decessed lived, If Institution; Residence before edmission) e. COUNTY Page o. STATE b. COUNTY ŏ files. MARYLAND Department b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside aprporete limits, write RURAL end give neerest town director. write RURAL and give neerest town for your LKRIGOL d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? to the funeral refained affer State NO 3. NAME OF First DATE Middle Month Yanz DECEASED atterine OF the (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR I IF UNDER 24 HRS 3 last birthday) Months WIDOWED | DIVORCED YES. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign eountry) 12. CITIZEN OF WHAT COUNTRY PM3. Page Pages 1, dono during most of working life, even if retired) Dages 13. FATHER'S NAME Catherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give woror dofes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: mille in pencil IMMEDIATE CAUSE (o) DUE TO certificate should ö Conditions, if ony, which (b) cremation, "pending" geve rise to immediate cause Medical Examiner's **DUE TO** SE (e), stating the underlying cause last. pe nseq (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION to burial, PERFORMED? certificate, writing the word NO plnods 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert J or Pert II of item )8 prior Chief 3 WEDICAL Page 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stote) fectory, street, office bldg., otc.) While ∠Not While to the of work et work forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER lease execute should be for DATE SIGNED SIGNATURI DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S NAME (Type) McAddress (Street, city, town, or county) 4 shoul O FUN Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 01 5-24-66 BURIAL BALTIMORE, MARYLAND MEADOWRIDGE CEMETERY 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME HOWARD H. HUBBARD, 4107 WILKENS AVENUE 5M 1/63 BALTO.

200	DIVISION OF STATISTICAL RESEARCH AND REC	DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
}		CATE OF DEATH	07028
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institut a. STATE b. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYL		URAL and give nearest town)
_	Ellicott City Zwars	Ellicott City	13.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	d. STREET ADDRESS  Waterlpo Rd.	e. IS RESIDENCE ON A FARM? YES NO
103	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) -	DEATH MAY	25 1966
63	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCED	3/16/02  9. AGE (In years IFU Jast birthday)  yrs.	nths Days Hours Min.
1 d	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  unknown	713.	12. CITIZEN OF WHAT COUNTRY?
1	unknown unknown  13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Dominic Delegge	Maria DeLuzo	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address	
	NO	Chas. L. Harmon Waterloo Rd, E	Illicott City,
_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	180	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lleyes	1 an
	Conditions, If any, which	io Masquelas	Dedo- 1/4
	gave rise to immediate cause (a), stating the	41 71-1-1	1 11
2	underlying cause last. (c)	effectes, ochosi	1 9 45
PEPTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO Z
PERTIE	OR CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of Ite	m 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour a.m. While Not While	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State)
2	p.m. 19 at work 121. I certify that (I) (this hospital) attended the deceased from	m give 18th to Ments.	1966 that (I) (we) last
		d that death occurred at 20M, from the couses and	
	22a. SIGNATURE	22	b. DATE SIGNED
	of programs december	M.D. ATTENDING MED. STAFF PHYS.	1/26/66
	NAME (Type) BB Brum bace	22d. ADDRESS Man of	27 And
2	REMOVAL (Specify)	IETERY OR CREMATORY 23d. LOCATION (City, town	
_	Burial 5-27-1966 St. Johns	Ellicott Cit	
	F.C. Higinbothom, Ellicott City, Md.		TRAR'S SIGNATURE
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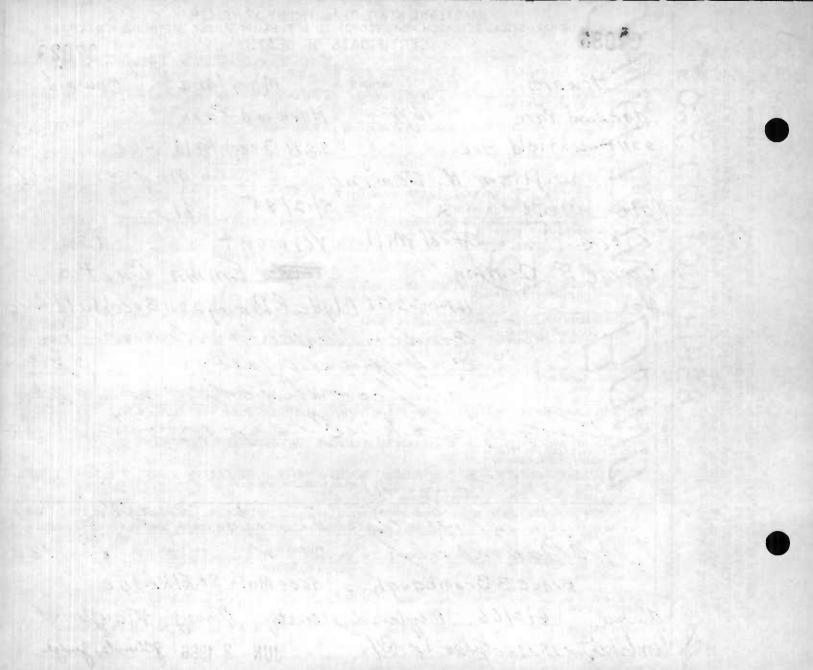
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, Pages c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) 24 hours papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within Beach YES NO X executed within carbon NAME OF DECEASED Middle DATE Last OF DEATH (Type or print) 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min DATE OF BIRTH remove 7. MARRIED NEVER MARRIED any Months Days Hours WIDOWED X DIVORCED 10a, USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY E BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT please COUNTRY? 6 FATHER'S NAME MOTHER'S MAIDEN NAME remova hen 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANI transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH ial-trans PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a signed been s. he buria. burial, DUE TO Conditions, If any, which (b) rise to immediate DUE TO (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO Z CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part for Part of Item 18.) 10 ached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained 0 1964 to DIRECTOR: Jage 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from... and that death occurred at 44 M, from the causes and on the date stated above saw the deceased alive on. 22a. SICNATURE DATE SICNED 22b. ATTENDING PHYS. M.D. DIRECTOR pa O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY town or county) (State) 23d. REMOVAL (Specify) 0 FUNERAL DIRECTOR REC'D BY RECISTRAX VR A15 (4) 20M



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Howard Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) Ellicott City Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Taylor Manor Hospital 403 Thayer Ave. YES NO X death certificate be executed 3. NAME OF Middle 4. DATE Yeer DECEASED (Type or print) John DEATH Emery Goodrich 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE fin years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Hours Male White WIDOWED DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Civil Engineer (50 VT. Towa U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Goodrich Katherine Skelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) hayer Hvenue Mrs. Joan E. Buchalew Yes WW 1 Army 1B. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Thrombosis, Cerebral IMMEDIATE CAUSE (e) DUF TO Arteriosclerotic Cardio Vascular disease Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying Generalized Arteriosclerosis cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? tion CBS associated with cerebral arteriosclerosis with psychotic NO 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Pert II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work U. 2/6/ 5-26, 1966, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 19.66 to... saw the deceased alive on 5- 26 1966, and that death occurred at 95%, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED x death. Page 4 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Irving J. Taylor, M.D. Taylor Manor Hospital, Ellicott City, Md. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) ·P OH Arlington National Cem. BURLOS 84340 Bergia Avenue 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 Silver Spring. Md.

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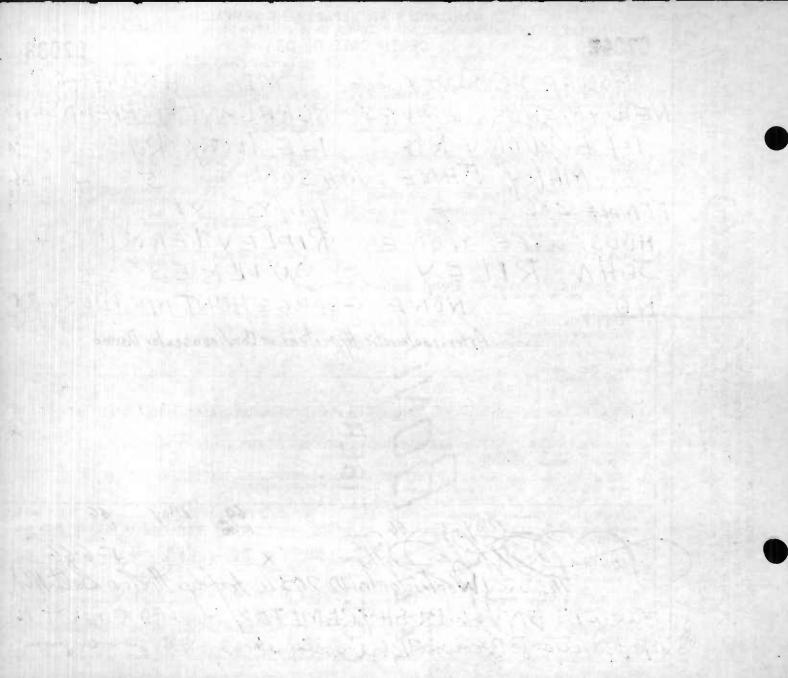
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		emale	Col.	WIDOWE	DIVOI	RCEO 🗍	5-5-1	1906			rthday) M	onths   Oay	s Hour	s Min.
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		HOUSEWIJ			Home		1 14. MOT	Mary la	and			USA		
			White											
	15 (V	. WAS DECEASED E	ER IN U.S. ARME	O FORCES?   16	S. SOCIAL SECURITY	YNO.   17.	INFORMAN	enriet T	tta	Murph	Address			
on, or	L	No	11 Jes Sive as me	ates of service)	30 18 0	299	Mr. C	Charle	es Ho	ollar	d C	ooksy	rillo	7.6
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ourial, cre	5	11 0	IMMEDIATE CA	USE (a)	lassive co	ronary	thro	mbosis					1963	
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		gave rise to cause (a), sta	mmediate (	DUE TO	TLETTOSCI	ELOSIS	,						lay 30	1, 19
	Z	underlying cause	last.	(c)(	ardiac fa	ilure								
_	CERTIFICATION	PART II. UTHER SI	GNIFICANI CUNL	DITIONSCONTRIL	BUTING TO DEATH B	UTNOTRELA	TED TO THE	TERMINALD	ISEASE CO	ONDITION	SIVEN IN PA		PERFO	RMED?
0	TIFIC	20a. ACCIDENT V	AS UNDERLYING	G	DESCRIBE HOW IT	NJURY OCCU	RRED. (Ente	er nature of	Injury In	Part I or I	Pert II of I		YES	NO 🔀
		20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTI												
	MEDICAL	20c. TIME OF IN Hour a.m.	IJURY Month, 0	lay, Year   20d.	INJURY OCCURRED	20e. PLAC	CE OF INJU	RY (Home, fai ffice bldg., et	rm, 20f.	(City or	town)	(County)		(State)
	ME	p.m		19 at wo	rk at work				10		0.0			
			that (I) (this I ased alive on.		ded the decease	d from	death acc	, 19 curred at <b>1</b> 0	0:30	o May	30	19_66,	that (I)	(we) last
		22a. SIGNATURI		0 0	1/14	c, and that					2	22b. DATE		d above.
1		22c. PAYSICIAN	room	5-6	tall'	M.D.			MED. DIRECTOR	STAI PHY		May 31	, 196	66
-/		NAME (Typ	e) Howar	d E. Hal	1. M.D.		22d. /	AODRESS	Sykes	ville	. Mar	vland		
	23a	BURIAL, CREMA	TION, 23b. OA	TE THEREOF	23c. NAME OF	CEMETERY	OR CREMA				-	or county)	(5	State)
	24	our tat	16-2-	-66	Bushy	Park		1 05- 5-0	I DV CT	Cook	syill	E STRAR'S SI	Me	d.
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	16	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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after	s 1			HOWARD COUNTY MARYLAND STATEMD, HOWARD
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hours	ed in 2 hou	2	/ V	d. NAME OF HOSPITAL OP INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS,
1 24	etely filled in by the bon papers. Pages 1 within 72 hours after	00		14 E/WORV RD: 14E VORY Rd VES NO X
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ted	complete ye carbo event, w		5.	SEX   6. COLOR OR RAPE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
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be			10a dur	. USUAL OCCUPATION (Give kind of work done in Db. KIND OF BUSINESS OR in District in Country) 12. CITIZEN OF WHAT INDUSTRY
cate	physin ble		13.	EATHER'S NAME 14. MOTHER'S MAIDEN MAME
ertifi	The		_	JOHN RILEY WILKES
th c	physician. I signed by the attending physicia burial-transit permit. Then please burial, cremation, or removal, and		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  One, or unknown) (If yes give war or dates of service) A A A A A A A A A A A A A A A A A A A
dea	the at per			18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]
t the	an. I by ansil			PART I. DEATH WAS CAUSED BY: Atterioscleratic Hypertensive Cardiny asoular Disease
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D HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within	certificate certificate hed for use ot. of Health		CERTIFICATION	2Da, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYS	I by the hospi After this cert be detached State Dept. of		MEDICAL	2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County)   (State)
S.	After After d be d		ME	p.m. 19 at work at work
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	(	the	24.	FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
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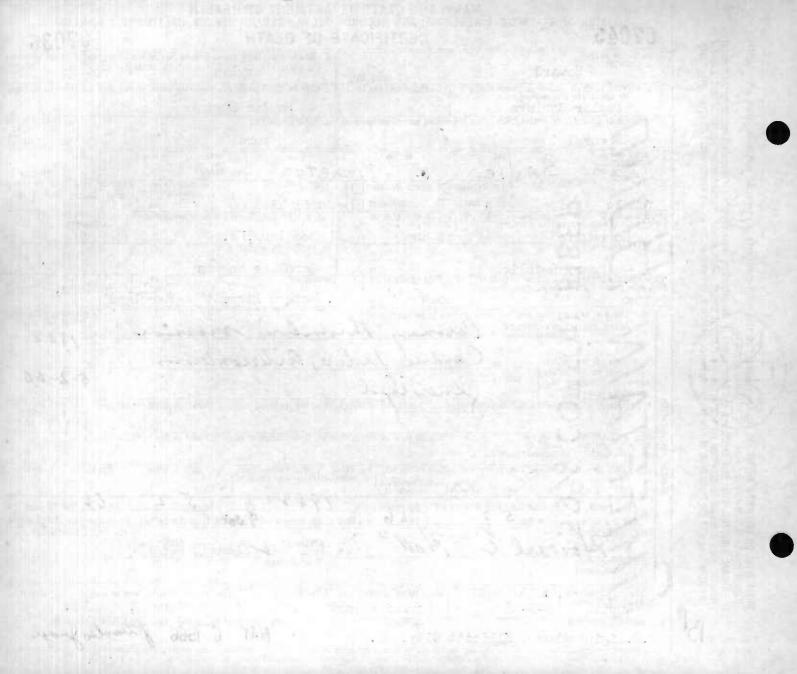
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY HOWARD HOWARD **MARYLANO** b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours ALLVIEW ESTATES ALLVIEW ESTATES = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AODRESS e. IS RESIDENCE ON A FARM? within DRIVE BELLVIEW 50 BELLVIEW DRIVE NO X YES \_ etely NAME OF First Middle Last OATE Day Month **OFCEASED** WALTER 1966 MAY (Type or print) DEATH MILLER 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years (IFUNOER 1 YEAR IF UNOER 24 HRS. 7. MARRIEO NEVER MARRIEO last birthday) Months I Davs Hours WIOOWED [ DIVORCEO 0 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even If retired) INOUSTRY COUNTRY? CLOTHING MAINTENANCE SUP. physi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova EMMA 15. WAS OFCEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT the attent permit. 50 (Yes, no, or unknwn) (If yes give war or dates of service) W.W. I cremation. CAUSE OF DEATH [ Enter only one cause per line tor (a), (b), and (c).] signed by PART I. OFATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-to to burial, DUF TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. 38 PART II. OTHER SIGNIFACANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? The Descare Rusom NO F YES 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) o d OR CONTRIBUTING 
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detache 20d. INJURY OCCURREO 120e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Oay, Year 20f. (City or town) (County) factory, street, office bldg., etc. Hour a.m. While Not While at work at work p.m. retained 0 hould h the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR and that death occurred at saw the deceased alive on. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO MEO. DIRECTOR M.D. 4 may HOSPITAL FUNERAL director, p 22C. PHYSICIAN 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BEMOVAL (Specify) 2 25by REGISTRAR'S SIGNATURE FUNERAL OIRECTOR AOORESS VR A15 (4) OATE 20M 1/65

AND THE ROLL OF UNITED AND THE PROPERTY (U.S. C.) 11 - 11 - 11 - 11 - 11 - 11 - 11 - 12 -A SET OF See Managers The will the state of the state The second production and the second sould be 10-10 Com. 10-100 AND THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALT Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	
FOR STATE 07044 MEDICAL EXAMINER'S CERTIFICATE OF	
HEALTH DEPT. 1. PLACE OF DEATH 11.2 USUAL RESIDENCE (Where do	ceased lived, If institution: Residence before admission)
a. STATE	b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  MARYLAND  Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Porate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Ellicott City  Ellicott	City /3./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE
805 Underoak Drive 805 Underoak Drive 805 Underoak	Drive ON A FARM?
O S 3 NAME DE Siret Middle Leet LA DATE	Month Day Year
Color (Type or print) WARREN GRAHAM MYERS DEATH	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED OIVORCED Oct. 29,1907	58 yrs.
10s. USUAL OCCUPATION (Give kind of workdone lob. Kind of Business OR during most of working life, aven if ratired)  11. BIRTHPLACE (State or fore industry)	lign country) 12. CITIZEN OF WHAT COUNTRY?
Extension Service Howard Co. Winchester, Va	
14. MOTHER'S MAIDER TAINE	Awi awa
Henry Myers Marjorie Ob	Address
(Yes, no, or unkown) (If yes give war or dates of service) No No Mrs. Elizabeth Mye	rs,805 Underoak Drive
(Yes, no, or unkown) (If yes give war or dates of service)  No  18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSED BY: Carbon Monoxide Polsonin	ONSET AND DEATH
PART I. OEATH WAS CAUSED BY:    Medical Control   Confidence   Carpon   Monoxide   Colson	
Conditions, If any, which by gave rise to immediate (b)	
Cause (a), stating the DUE TO	
Underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONTRIBUTIONS CONTRIB	IOITION GIVEN IN PART 1(a) 119, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 2014 2015 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 2015 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 2015 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 2015 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 2015 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 2014 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	PERFORMED? YES NOT
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In P	
PRIMARY   OF CONTRIBUTING   200. DESCRIBE NOW INJURY OCCURRED. (EINER HIGHEST INJURY IN THE PRIMARY   OF CONTRIBUTING	
	(City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work at work	
p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection death resulted from: Natural causes , Accident , Suicide , Homicide , CHIEF MEDICAL EXAMINER	on M. Inquiry M. and in my opinion
death resulted from: Natural causes	Undetermined manner
CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	10 5d 14 1 6/1
EXAMINER'S Thomas F. Herbert M.D Address (Street, city, town	- 47 CHURA KIRAC, 178/1/
23a. BURIAL, CREMATION. 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. Li	OCATION (City, town or county) (State)
REMOVAL (Specify) 5-30-1966 St. Johns Ell	South Caty 16
24. FUNERAL DIRECTOR ADDRESS 2011 25a. REC'O BY REGI	TCOLO O I O Y & IIME
CA MUNICIPALITY	icott City, Md

Decorpt House breatto H walth adec Milz 4, 10, 10, 11 SVINS SUCUEDAN TO sv. w deorated 700 a fine : 1 MARKET TREETAN adition after 88, 20, 100 inchestor. Education Service Homer to. has from a mojern Man sino men di subesti ligera, 305 l'ulerosis drive Carried Start 5-13-1966 -5t. John a Litabilia di Carilla しょうしん はんしん しゃいり E.C. Higheston, allicort City. M

CERTIFICATE OF DEATH	LITIMORE I, M	IARYLAND
		07036
1. PLACE OF DEATH a. COUNTY Howard  MARYLAND  2. USUAL RESIDENCE (Where deceased in a. STATE aryland	ived, If institution: Reb. COUNTY $H_{C}$	esidence before admission
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Poplar Springs  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Tural  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIEO	limits, write RURAL	and give nearest towr
Poplar Springs Poplar Springs		13.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADORESS  rural		e. IS RESIDENC ON A FARM? YES NO K
3. NAME OF DECEASED Siring Middle District Last 14. DATE OF	Month	Oay Year
(Type or print) DAGIE E. PICKETT DEATH M	ay 2	19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE ( last a		1 YEAR IF UNOER 24 HR Days Hours Min
Temale   White   WIDOWED   April 11 1886	yrs.	324
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign most of working life, even if retired)	ign country)   12. CI	TIZEN OF WHAT DUNTRY?
housewife at home Woodlawn, Md.		
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME		
Henry Reiblich Caroline Hohman		
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service)	Poplar Spr	rings,
	Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	au .	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombour Mass	ave_	1815
4201 OUE TO (2) / / / / /		1100
gave rise to Immediate (b) which	47	
cause (a), stating the DUE TO		5-2-66
underlying cause last. (c) (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or		19. WAS AUTOPSY PERFORMED? YES NO
	Part II of Item 18.	)
S 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or	r town) (Cou	nty) (State)
20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		
	2 196	that (I) (we) la
Hour a.m.  p.m.  19   While at work   factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 19 , 19 , to 3 saw the deceased alive on 3 2 - 19 6 , and that death occurred a 2 com, from the	causes and on th	
21. I certify that (I) (this hospital) attended the deceased from 19 to 3 saw the deceased alive on 19 to 19 to 3 to	22b. 0/	
21. I certify that (I) (this hospital) attended the deceased from, 19, to	AFF 22b. 0/	ne date stated abov
21. I certify that (I) (this hospital) attended the deceased from 19, to 3 saw the deceased alive on 19, and that death occurred at 222a. SIGNATURE	AFF 22b. 0/	ne date stated abov
21. I certify that (i) (this hospital) attended the deceased from, 19, to	AFF 22b. 0/	ne date stated abov ATE SIGNED
21. I certify that (I) (this hospital) attended the deceased from, 19, to	AFF 22b. OAYS.   22b. OAYS.   22b. OAYS.   20b. OAYS.   22b. OAYS.   2	inty) (State)



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY Howard Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Baltimore 21212 Ellicott City d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 5704 The Alamada YES NO TO Taylor Manor Hospital 3. NAME OF Middle DATE DECEASED (Type or print) DEATH Thelma R. Roberts 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 .8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 9. AGE (In years last birthday) Months Days Hours White Female WIDO WED [ DIVORCED 66 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Co. Retired - Operator U.S.A. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Matilda B. O'Neill Isaac/Roberts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Md. (Yes, no, or unkown) | (Il yes give wer or detes of service) 212-05-1551 Mrs. Harry A. McCauley, Cuba Rd., Cockeysville 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Failure IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic cardio-vascular disease unknown Conditions, if any, which' gave rise to immediata cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Psychotic Depressive Reaction, mainutrition 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While at work et work 023 5/19/66 19 to 5/30 19 66that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on 5/30 166, and that death occured at 3AM, from the causes and on the date stated above. CIGNATURE SIGNED ATTENDING O HOSPITAL death. Page 4 DIRECTOR PHYS. M D 22d. ADDRESS NAME (Type) Stephen Lee Magness, M.D. Taylor Manor Hospital, Ellicott City, Md. filed , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 0 5 3 REMOVAL (Specify) Balto.Co., Md. Woodlawn. Woodlawn REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Charles Road Sons Co. 15M 7/61

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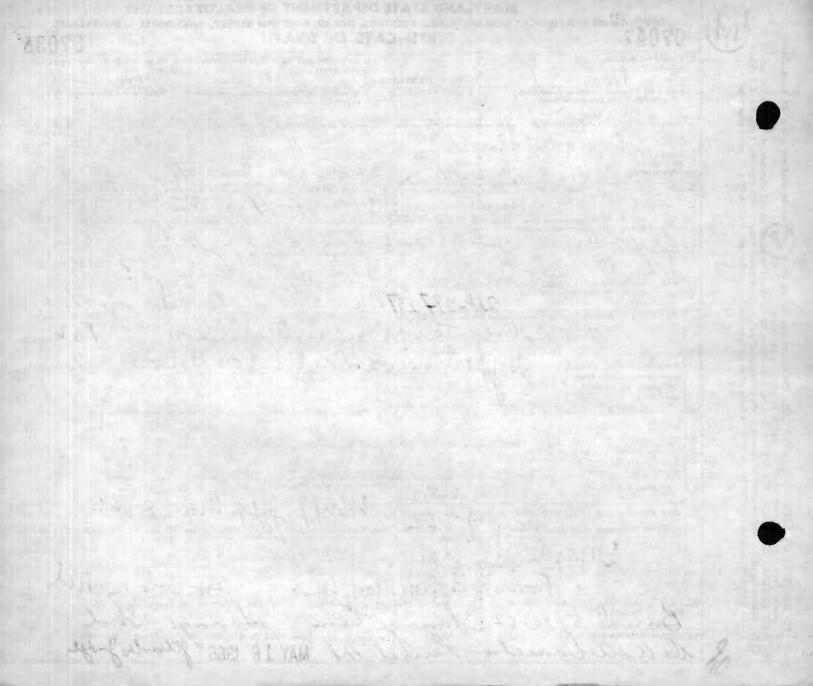
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MALES 1 1808 MEETING

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) & COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) e a write RURAL end give neerast town) Pages d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE É ON A FARM? YES NO R 3. NAME OF Middle Last DATE Month Yeer DECEASED OF (Type or print) DEATH 19 carbon 6. COLOR OR RACE 7. MARRIED 5. SEX BY DATE OF BIRTH 9. AGE (In years | IF UMDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED and last birthday) Months Deys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) below 13. FATHER'S NAME please 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address/ (194, no, or unkown) | (Ifyesgive werordates of service) 0 ig physician. signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), er INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions. if any, which gava risa to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION certifica 95 0 PERFORMED? NO use prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, farm, Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Hour a.m. Not While et work et work 19 0 (this Hospital) attended the deceased from ...., That (I) (we) last .....19 saw the deceased alive on... and that death occurred at 22e. SIGNATURA 22b. DATE ATTENDING ALEPS' STAFF SIGNED death. Pay. PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR LOCATION (City, town of county 23a, BURIAL, CREMATION. 23b. DATE THEREOF CREMATORY 23d. (State) (Specify) P d OI 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 28b. REGISTRAR'S VR A15 (4) 15M 7/61

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HOSPITAL



**CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO IN NAME OF Middle 4. DATE Lost Month Year DECEASED (Type or print) DEATH 196 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Days WIDOWED A DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT If you may were or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per Inglar (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating-the underlying cause last. PART M. OTHER STENDIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFICATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part of Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While at wark at wark 21. I certify that Vattended the deceased from That I last saw the deceased alive an and that death accurred at\_\_\_\_ from the causes and on the date stated alraye DDRESS (Street. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

STARROWN BLASS TO LACTUS OF STARROWN BRASSA HEATGROUND STADIST